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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/811,771
Filing Date	March 29, 2004
First Named Inventor	Reed, Raymond R.
Art Unit	3644
Examiner Name	Barefoot, Galen L.
Attorney Docket Number	BING-1-1072

ENCLOSURES (Check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Black Lowe & Graham, PLLC		
Signature			
Printed name	Dale C. Barr		
Date	September 1, 2005	Reg. No.	40,498

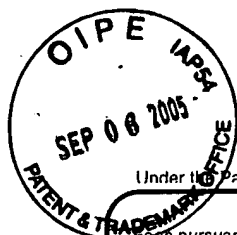
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Typed or printed name	Wendy Saxby	Date	September 1, 2005

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete if Known

Application Number	10/811,771
Filing Date	March 29, 2004
First Named Inventor	Reed, Raymond R.
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Art Unit	3644
Attorney Docket No.	BING-1-1072

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 501050 Deposit Account Name: Black Lowe & Graham, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	40,498	Telephone	206.381.3300
Name (Print/Type)	Dale C. Barr			Date	September 1, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Reed et al.

Attorney Docket No. BING-1-1072

Serial No.: 10/811,771

Group Art Unit: 3644

Filing Date: March 29, 2004

Examiner: Barefoot, Galen L.

Title: ADAPTABLE PAYLOD PROCESSES

RESPONSE TO FINAL OFFICE ACTION

SIR:

AMENDMENT AND RESPONSE

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 12 of this paper.

46020

CUSTOMER NUMBER

-1-

BING-1-1072RFOA

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